State of Arizona
Department of Education
John Huppenthal
Superintendent of Public Instruction

This verifies that

Your Name

has completed the *professional development activity

"Approved Professional Development activity title"

on _____*Date*_____ for ___*PD Hours*___ **professional development clock hours**

in cooperation with _____*Entity Name*_____ **and the** _____*Entity Name*_____.

_____
*Signature

_____
*Title and Date

_____
*Signature

_____
*Title and Date

*This activity is verified ADE/Career & Technical Education sponsored or approved staff/professional development to be used for CTE certification.